



Seniors'
Health
Insurance
Information
Program

Jim Long, Commissioner
North Carolina Department of Insurance

MEDICARE PART D PRESCRIPTION DRUG PLAN FINDER TOOL

The Seniors' Health Insurance Information Program (SHIIP), a division of the North Carolina Department of Insurance, is able to help you find a Medicare Prescription Drug Plan that will meet your needs and assist you with enrolling in a plan. The following questionnaire provides the necessary information that SHIIP staff and volunteers need to be able to prepare a report for your consideration.

Once completed, please mail to: **111 Seaboard Avenue, Raleigh, NC, 27604** or take the completed form to a counseling clinic in your local county.

Please provide us with contact information about yourself:

Name: _____ **DOB:** _____

Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone: (____) _____

What is your Medicare Claim Number?

What is the effective date for Medicare Part A?

What is the effective date for Medicare Part B?

MEDICARE HEALTH INSURANCE	
SOCIAL SECURITY ACT	
NAME OF BENEFICIARY JOHN D. DOE	
MEDICARE CLAIM NUMBER 123-45-6789A	SEX MALE
IS ENTITLED TO	EFFECTIVE DATE
▶ HOSPITAL INSURANCE (PART A)	1/1/95
▶ MEDICAL INSURANCE (PART B)	1/1/95
SIGN HERE ➡ <i>John D. Doe</i>	

Do you reside in North Carolina year round? ☐ Yes ☐ If No,
State of _____

Please tell us about your current health insurance coverage:

Do you have a Medicare Advantage Plan (HMO or PPO or PFFS)?

☐ Yes ☐ No

If yes, please list name of the Plan _____

Are you interested in learning about Medicare prescription drug coverage available through:

- ☐ Medicare Advantage Plans
- ☐ Medicare Stand-alone Prescription Drug Plans
- ☐ Both

Do you have other insurance coverage for prescriptions?

Please check any that apply.

- ☐ Medicaid ☐ TRICARE for Life
- ☐ Medigap/Medicare Supplement ☐ Federal Employees Health Benefit Plan
- ☐ VA ☐ Other _____
(retirement, private, other than Medicare Advantage)

What type of deductible amount are you looking for in a Prescription Drug Plan?

- ☐ \$250 annual deductible ☐ Reduced or zero annual deductible

I only want information on the 3 lowest-cost Prescription Drug Plans.

- ☐ Yes ☐ No

I am interested in these company/prescription drug plans only.

1. _____
2. _____
3. _____

Please provide us with information on your prescriptions and pharmacy.

NOTE: you may be able to obtain a computerized listing from your pharmacist/pharmacy to attach. If not, please complete the chart below.

NAME OF DRUG Example: <i>Lipitor</i>	STRENGTH Example: <i>10 mg.</i>	DAILY DOSAGE Example: <i>Twice Daily</i>

I prefer to have my prescriptions filled at this pharmacy(s) _____

- ☐ **I would be willing to use a different pharmacy.**
- ☐ **I prefer to use a mail order pharmacy.**
- ☐ **I live in a Long - Term Care Facility.**

111 Seaboard Avenue • Raleigh, NC 27604 • 1-800-443-9354 • 919-733-0111 • www.ncshiip.com